OFFICE OF VITAL STATISTICS

JESSE S. COOPER BLDG. 417 FEDERAL STREET DOVER, DE 19901 ② (302) 744-4549

Identification

CHOPIN BUILDING 258 CHAPMAN RD. NEWARK, DE 19702 № (302) 283-7130 THURMAN ADAMS STATE SERV CTR. 546 S. BEDFORD ST. GEORGETOWN, DE 19947 (202) 856-5495

CREDIT CARD ORDERS VIA THE INTERNET: www.vitalchek.com

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE CIVIL UNION CERTIFICATE

PLEASE PRINT AND COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.			
Name of Party A on			
Civil Union Certificate	First Name	Middle Name	Last Name at Birth
	, ,,,,		
Date of Birth of Party A	(mm/dd/yyyy)		
Name of Party B on			
Civil Union Certificate	First Name	Middle Name	Last Name at Birth
	, , , , , ,		
Date of Birth of Party B (mm/dd/yyyy)			
Date of Civil Union (mm/dd/yyyy) Place of Civil Union			
RELATIONSHIP TO THE PERSON WHOSE CIVIL UNION CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)			
☐ Myself		he Legal Guardian	
My Child I am the Authorized agent, attorney or legal representative			
My Parent Genealogy (proof required)			
Number of copies requested:			
REQUIRED UPON FILING OF APPLICATION			
 Cost: \$25.00 per copy - A portion of the fee is donated to domestic violence programs. (If record is not located, fee will be retained for search). Make checks or money orders payable to the "Office of Vital Statistics". 			
2. Copy of your official valid photo identification (Drivers license, State ID or Work ID)			
3. Parents Identification needed for children			
PERSON APPLYING FOR CERTIFICATE			
I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del. C.§3111) to make a false statement on this application or to unlawfully obtain a certified copy of a civil union certificate.			
Print name of person applying for certificate			
Signature of person applying for certificate Date			Date
Street Address			
City/Town		Sta	te
Zipcode		Day	time Phone
FOR OFFICE OF VITAL STATISTICS USE ONLY			

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